

116CV38

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Parkview Hospital  
Kisha Houston  
1720 Beacon St.  
Fort Wayne, IN 46805



9590 9403 0285 5155 5968 93

2. Article Number (Transfer from service label)

7015 0640 0007 8471 8897

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

T. Delella

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

USMS N/IN 19 SEP 16 PM 3:12

Per USPST &amp; C 9/16/16

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

needed and route as specified below.

## RECEIPT AND RETURN

Service of Process by U.S. Marshal

3 COURT CASE NUMBER

1:16-CV-133

TYPE OF PROCESS

DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

USMS N/IN 26 AUG '16 PM 1:35

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1/2

District of Origin

No. 27

District to Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Date

9/13/16

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

9/16/2016

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

800

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

800

Advance Deposits

Amount owed to U.S. Marshal\* on (Amount of Refund\*)

\$0.00

REMARKS

9/13/16 Sent Certified Mail 7015 0640  
0007 8471 8897

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED